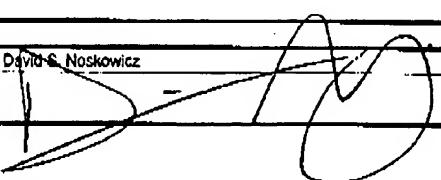


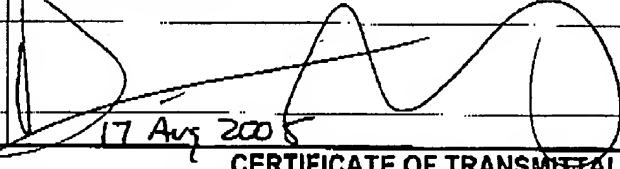
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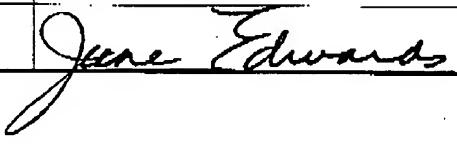
<b>FEE TRANSMITTAL</b> <small>Patent fees are subject to annual revision</small>					<b>Complete if Known</b>					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					Application Number <b>10/083,893</b> Filing Date <b>02/27/2002</b> First Named Inventor <b>KOTZIN, et al.</b> Examiner Name <b>KINDRED, Alford W.</b> Group Art Unit <b>2172</b> Attorney Docket No. <b>CS20177RL</b>					
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> <b>500.00</b>					<b>FEE CALCULATION (continued)</b>					
<b>METHOD OF PAYMENT (check all that apply)</b>					<b>4. ADDITIONAL FEES</b>					
Check	Credit card	Money Order	Other	None	Fee	Fee	Fee	Fee Description		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>502117</b> Deposit Account Name <b>Motorola, Inc.</b>					Code	(\$)	Code	(\$)	Code	(\$)
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					1051	130	2051	65	Surcharge - late filing fee or oath	
					1052	50	2052	25	Surcharge - late Provisional filing	
					1053	130	1053	130	Non-English specification	
					1812	2520	1812	2520	For filing a request for ex parte Reexamination	
					1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
					1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
					1251	120	2251	60	Extension for reply within first month	
					1252	450	2252	225	Extension for reply within second month	
					1253	1020	2253	510	Extension for reply within third month	
					1254	1590	2254	795	Extension for reply within fourth month	
					1255	2160	2255	1080	Extension for reply within fifth month	
					1401	500	2401	250	Notice of Appeal	
					1402	500	2402	250	Filing a brief in support of an appeal	
					1403	1000	2403	500	Request for oral hearing	
					1451	1510	1451	1510	Petition to institute a public use proceeding	
					1452	500	2452	250	Petition to revive - unavoidable	
					1453	1500	2453	750	Petition to revive - unintentional	
					1501	1400	2501	700	Utility issue fee (or reissue)	
					1502	800	2502	400	Design issue fee	
					1503	1100	2503	550	Plant issue fee	
					1450	130	1460	130	Petitions to the Commissioner	
					1807	50	1807	50	Processing fee under 37 CFR 17(a)	
					1808	180	1806	180	Submission of IDS	
					8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
					1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
					1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
					1801	790	2801	395	Request for Continued Examination	
					1802	900	1802	900	Request for expedited examination of a design application	
					08/17/2005 FILING DATE 100000000502117 10003893 10003893 500.00 00					
<b>3. APPLICATION SIZE FEE</b> <small>If the specification and drawings exceed 100 sheets of paper, the application size fee is \$250 (\$125 for small entity). For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).</small>					<b>5. OTHER FEE(S) (specify)</b> <small>Non-English Specification, \$130 fee (no small entity discount)</small>					
Total Sheets <b>100</b> Extra Sheets <b>0</b> Number of each additional 50 or fraction thereof <b>0</b> Fee (\$) $- 100 = \frac{0}{50} = 0$					Fee Paid (\$)					
Total Sheets <b>100</b> Extra Sheets <b>0</b> Number of each additional 50 or fraction thereof <b>0</b> Fee (\$) $- 100 = \frac{0}{50} = 0$					Fee Paid (\$)					
<b>SUBMITTED BY</b> Name (Print/Type) <b>David S. Noskowicz</b> Signature 					Registration No. <b>55,503</b> Date <b>17 Aug 05</b>					

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/083,893
		Filing Date	02/27/2002
		First Named Inventor	KOTZIN, et al.
		Group Art Unit	2172
Total Number of Pages in this Submission		Examiner Name	KINDRED, Alford W.
13		Attorney Docket Number	CS20177RL

ENCLOSURES			(check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53			<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE
			Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	David S. Noskowicz	Registration No.	55,503
Signature			
Date	17 Aug 2005		

CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to facsimile number 703-273-8300 or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	June Edwards		
Signature			
	Date 08/17/05		